## **Residential Parking Permit Application**

If you would like to mail in your application, please send to: ABM Parking Services Attn: Resident Parking Permit 501 Scott Blvd. Covington, KY 41011





## **Applicant Information**

All information must be typed or printed legibly.

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Date of Application:						
Name of Applicant:						
Address of Applicant:						Apt. #
City: State:						Zip:
Applicant Telephone Number: Applicant E-Mail Address:						1
Applicant Fax Number: Applicant Cell Phone						
Proof of Residency: Check One Below						
Utility Bill         Telephone Bill         Drivers License         Auto Insurance Card         Lease or Deed         Other (specify)						
There is a \$25.00 fee per permit, which includes one visitor pass. Maximum 2 parking permits per household.						
Number of Permits Applied For:	Permit Number office Use Only		Visitors Pass Issued:		Permit Number Office Use Only	
One			One	]		
Two 🗖			Two 🗀	]		
Notes:	1					
IMPORTANT INFORMATION ABOUT THE RESIDENTIAL PARKING PILOT PROGRAM						
The area addressed in this pilot plan is from the Ohio River south to 8 <sup>th</sup> Street, and from the Licking River to the N/S alley between Greenup and Scott. (Map of area may be viewed at <a href="https://www.covingtonky.com">www.covingtonky.com</a> , click Neighborhoods, click Licking Riverside.)						
This is an optional program that residents who reside within the boundaries of the pilot area may elect to participate.						
<b>Residential Parking Permits</b> will be available to residents of the Licking Riverside neighborhood. (Maximum of two perhousehold.) These passes are valid for one year, renewable annually, and will be coded to each resident/address for police verification purposes.						
Permits MUST be placed in the rear window, driver's side, of the vehicle.						
Visitor Passes will be provided abused or misused, they may be will be hang-tag style that MUST restricted zones.	revoked. There w	ill be a \$25.0	O charge for replace	cement of lo	ost or stolen	visitor passes. These
PRIOR TO THE ISSUANCE OF THE PERMIT, A PERMIT FEE of \$25.00 (each) IS REQUIRED.						
Signature of Applicant By signing this application, the applicant verifies that the information provided is true and accurate.					 Da	te
Application and Fee Received by:						

Ampco Staff Authorized Signature